

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on August 19, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The crutches, tramadol, naproxen, hydrocodone, physical therapy, therapeutic exercises, co-payments for surgeon, and hospital and rental of CPM machine **were** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 14th day of July 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 02-08-03 through 06-17-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 14th day of July 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/pr

June 25, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:
TWCC #:
MDR Tracking #: M5-04-2668-01
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Physical Medicine and Rehabilitation. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

On ____ while working as a manager of a university bookstore, ____ tripped and fell, injuring her knee. The initial treating physician reportedly diagnosed a collateral ligament strain. The patient reportedly had knee symptoms which never completely resolved and she decided to seek medial attention in 1998 and underwent arthroscopic surgery on 10/01/98, which revealed a partial tear of the anterior cruciate ligament. This diagnosis was contested in a report dated 04/26/99 by an orthopedic surgeon who reviewed the records and videotape of the arthroscopy and concluded that such a lesion was not related to the in ____ injury. However, a hearing officer of the TWCC issued a Decision and Order on 06/30/99 that the partial ACL tear was causally related to the work-related injury of _____. On 04/08/03 Dr. K performed an arthroscopic allograft ACL reconstruction of a torn ligament, which was causing instability of the left knee. Dr. K asserted that the instability was a direct result of the injury incurred on ____, which caused a partial tear of the ACL. A report by a reviewing orthopedic surgeon on 03/18/03 disputed the contention that the patient sustained an ACL injury on ____, which led to the instability treated by ACL repair on 04/08/03.

DISPUTED SERVICES

Under dispute is the medical necessity of crutches, tramadol, naproxen, hydrocodone, physical therapy, therapeutic exercises, co-payments for surgeon and hospital and rental of CPM machine.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The clinical documentation supports Dr.K's diagnosis of an ACL tear and instability of the knee in 2003. His surgery and related treatments for this patient's ACL tear appear appropriate and medically necessary for that condition. He has made a compelling case of the need for surgical treatment and the orthopedic surgeon who reviewed the case in 2004 agreed with Dr. K's rationale for treatment.

A conclusion of law has been reached that relates the partial ACL tear to the compensable injury. Unless there is another TWCC decision and order to the contrary, the reviewer has determined that the treatment items in dispute are medically necessary and related to the compensable injury of ____.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,